	····		(,		•	· · · · · · · · · · · · · · · · · · ·	· 	۰: منــــــ)	٠.			
PATENT APPLICATION FEE DETERMINATION RECOI							RD	Application or Docket Number 9/102, 728 9762728					
_		CLAIMS A	S FILED - PART I (Column 1) (C			(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	
FOR			NUMBER	FILED	NUMBER EXTRA		Ī	BASIC FEE 355.0		OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			25 min	nus 20=	. 3			X\$ 9=		OR	V222	92.00	
INDEPENDENT CLAIMS			3 m	inus 3 =	•			X40=		1		<u> </u>	
ML	LTIPLE DEPEN	IDENT CLAIM P	RESENT				` 			OR	7000		
• 11	the difference	in column 1 is	less than zero, enter "0" in column 2			2	L	+135=		OR	+270=		
						ioiumn 2		TOTAL		OR	TOTAL	80D·00	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENOMENT	Total	:28	Minus	6	ঠ	-3		X\$ 9=		OR	X\$18=	54	
AME	Independent	· Z	Minus	•••	3	·0		X40=		OR	X80=		
L	THOTPACOL	MINION OF MI	ULTIPLE DE	LTIPLE DEPENDENT CLAIM				+135=		OR	+270=		
							L	YÖYAL		OR	YOTAL		
6 (Column 1) (Column 2) (Column 3)							. ~	DDIT. FEE			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
END	Total	·28_	Minus	<u>"3</u>	8	- /	1	X\$ 9=	/	OR	X\$18=	/	
AM	Independent FIRST PRESE	いる NTATION OF MI	Minus	PENDENT	CLAIM	- (X40=	1	OR	X80=	/	
								+135=		OR	+270=	/	
10-14-17								TOTAL DOTT. FEE		OR	YOTAL ADOIT, FEE		
(Column 1) (Column 2) ((Column 3)													
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE.	
END	Total Independent	\mathcal{X}	Minus		$\langle \rangle$		ı	X\$ 9=		OR	X\$18=		
AM		NTATION OF MI	Minus JLTIPLE DEF	PENDENT	CLAIM		Γ	X40=		OR	X80=		
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								+135=		OR	+270=		
•••	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR ,	YOYAL		
	The "Highest Num	ber Previously Pai	d For (Total or	Independe	mi) is the	highest number		DIT. FEE	propriate box	i th cot	mn 1.		

FORM PTD-675 (Rev. 8/00)

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